I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLANDO SANCHEZ

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012109

Entity Name: PROFESSIONAL HEALTHED BROKERS, INC

Current Principal Place of Business:

% ROLANDO SANCHEZ 169 E FLAGLER STREET, SUITE 800 MIAMI, FL 33131-1296

Current Mailing Address:

% ROLANDO SANCHEZ 169 E FLAGLER STREET, SUITE 800 MIAMI, FL 33131-1296

FEI Number: 27-1552584

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SANCHEZ, ROLANDO 169 E FLAGLER STREET SUITE 800 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail : Title PD Title SD Name SANCHEZ, ROLANDO Name SANCHEZ, ALEXIS 169 E FLAGLER STREET, SUITE 800 Address 169 E FLAGLER STREET, SUITE 800 Address City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131 Title TD SANCHEZ, DANIEL Name Address 169 E FLAGLER STREET, SUITE 800 City-State-Zip: MIAMI FL 33131

SANCHEZ PRES 01/26/2014

Date

Certificate of Status Desired: No

Date